

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

<b>1 Date of Request:</b> <u>09/6/004</u>		<b>2 Serial/Patent #</b> <u>09/69/004</u>									
<b>3 Please refund the following fee(s):</b>	<b>4 PAPER NUMBER</b>	<b>5 DATE FILED</b>	<b>6 AMOUNT</b>								
<input checked="" type="checkbox"/> Filing		<u>7/28/00</u>	\$ <u>840</u>								
<input type="checkbox"/> Amendment			\$								
<input type="checkbox"/> Extension of Time			\$								
<input type="checkbox"/> Notice of Appeal/Appeal			\$								
<input type="checkbox"/> Petition			\$								
<input type="checkbox"/> Issue			\$								
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/> Maintenance			\$								
<input type="checkbox"/> Assignment			\$								
<input type="checkbox"/> Other			\$								
		<b>7 TOTAL AMOUNT OF REFUND</b> <u>\$355</u>									
<b>10 REASON:</b>		<b>8 TO BE REFUNDED BY:</b>									
		<input type="checkbox"/> Treasury Check									
		<input type="checkbox"/> Credit Deposit A/C #:									
<input checked="" type="checkbox"/> Overpayment	<b>9</b> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
<input type="checkbox"/> Duplicate Payment											
<input type="checkbox"/> No Fee Due (Explanation):											
<u>Small Entity</u>											
<b>11 REFUND REQUESTED BY:</b>											
<b>TYPED/PRINTED NAME:</b> <u>Angela N. Y. / mar</u>		<b>TITLE:</b> <u>L.I.E.</u>									
<b>SIGNATURE:</b> <u>[Signature]</u>		<b>PHONE:</b> <u>305-8237</u>									
<b>OFFICE:</b> <u>PC+</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>[Signature]</u> DATE: <u>10/26/01</u>											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B